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# AMERICAN PRACTITIONER:

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## MEDICINE AND SURGERY.

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# THE AMERICAN PRACTITIONER.

JULY, 1879.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

## Original Communications.

### SIX CASES OF SUBMUCOUS UTERINE FIBROIDS REMOVED BY THE SPOON-SAW.

BY T. GAILLARD THOMAS, M. D.

On the thirtieth of January, 1879, I read before the New York Academy of Medicine, and subsequently published in the Archives of Medicine, a paper entitled, "A New Method of Removing Interstitial and Submucous Fibroids of the Uterus." Since that time I have operated upon six additional cases, which I now publish with the intention of still further illustrating the subject, and urging the claims of a procedure, which in my hands has proved very far superior to methods which I have previously employed, and simplified a surgical process hitherto surrounded by great difficulties and serious dangers.

Before employing this plan and while relying upon excision, ligation, torsion, avulsion, écrasement, etc., I dreaded to meet with such cases, feeling ill supplied with means for meeting the difficulties and avoiding the dangers incident to attempts at removal. Now I meet with them with pleasure, and deem

the operation for their removal a simple, easy, and certain matter.

Every case reported in this and in my former paper upon this subject has been witnessed by a number of spectators, medical men of large experience, and in no single instance has the procedure failed to strike the observer with surprise at its efficiency and simplicity. So impressed was I with this that in my former paper I boldly expressed the conviction that it was destined to supersede all other methods for the removal of interstitial and submucous fibroids. Enlarged experience has increased my faith in this position, and rendered me more decided in my advocacy of the claims of the method.

Thus far I have met with no accident which could be attributed to its use, although it will be observed that most of the cases related in my two papers are grave, and some of them, even desperate ones. Indeed, I am inclined to say that several would have been almost necessarily fatal if operated upon by any one of the old methods. In speaking thus I know that I take a bold position, but I do not believe that I claim more than further experience will demonstrate as warrantable.

By all the old methods great difficulty arises in reaching the pedicle, and the seed is sometimes sown which ripens into septic endometritis, so commonly the origin of fatal septicemia; or the presenting and most accessible part is cut away, leaving those parts most difficult of attainment to undergo putrefaction and absorption; or direct injury is done to the endometrium by efforts with instruments used to ensnare or cut the tumor; or where the very dangerous and objectionable plan of inducing sloughing is adopted, blood poisoning is directly and immediately established. Even, too, where complete success crowns the use of the old methods, so much time, effort, and exposure is involved in its attainment, that not rarely the patient sinks from exhaustion or shock. Every one who has either made, or witnessed, the efforts often required to ensnare a submucous fibroid inside the uterine cavity, will readily appreciate how likely the nervous system is to be prostrated in consequence of them.

The spoon-saw prevents this tendency by its rapidity of action, its control of hemorrhage by laceration of the tissues, and the fact that it nowhere invades the uterine cavity except at the points where it severs the attachments of the tumor and allows it to begin its descent. In fixing the chain of an écraseur around the base of a sessile tumor high up in the uterus, twenty or thirty minutes are often spent, and every additional minute spent in manipulations above the os internum uteri is an additional exposure, of no insignificant kind, of the life of the woman, exhausted as she usually is by hemorrhage, pain, leucorrhea, digestive disorders, and mental anxiety.

Since the publication of my first paper I have operated only upon the cases here presented, and three others, also successful, but which were so insignificant in character as to render them unworthy of record. Such cases as the ones which I now proceed to relate can be rendered intelligible only by illustrations. These I have made as literal as I possibly could, and I feel sure that they are exceedingly truthful in their representation of facts.

Case I. Mrs. B. called upon me with the statement that for four years past she had suffered very much from menorrhagia and occasionally from metrorrhagia. She was the mother of five children, and up to four years ago had been a robust and healthy woman, but since then had been weak, exhausted, nervous, and easily fatigued. She had consulted a number of physicians, but thus far had got no relief, each telling her that a tumor existed high up in the uterus, which could not with any degree of safety be removed. About three months before her visit to me she had been taken with violent expulsive pains, and a short time after their cessation she had consulted a female practitioner, who had discovered a tumor protruding from the os externum, and advised her to seek the aid of a surgeon for its removal. Fig. 1 represents so perfectly what I discovered upon examination, that I shall not go into detail further than to say that the tumor was as

large as a large hen's egg, and lay completely in the vagina, except its pedicle or stem, which ran up above the os internum uteri.

Introducing a Sims's speculum, and seizing the tumor with the vulsellum forceps, I applied the spoon-saw gently to the pedicle, and with great ease and rapidity cut it away completely from its uterine attachment. Very little blood was lost, and no difficulties presented themselves in the removal of the growth. The operation was witnessed by Drs. Fordyce Barker, J. Clark Thomas,, and S. Beach Jones. The patient rapidly and completely recovered.

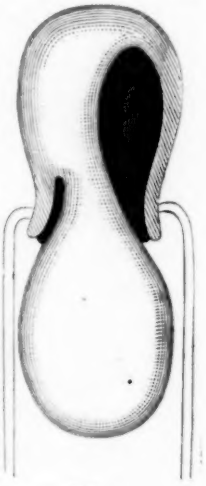

FIG. 1.

CASE II. Mrs. L., a Cuban lady, aged thirty-five years, the mother of three children, called upon me on her way to the baths of Germany, which she was visiting on account of profuse uterine hemorrhage which had lasted for three or four years. The uterus had been examined she said, and prolapsus had been found to exist, but no medication which had been adopted had succeeded in controlling the uterine flow, which had caused her to look almost as pallid as a marble statue.

As she was merely passing through New York, and had been induced to come and see me only to gratify a solicitous friend, she strongly resisted a vaginal examination, but equally strong insistence overcame her objections, and she yielded to what I told her was a necessity. Fig. 1 represents her case perfectly, with this exception—the tumor grew from the right and not the left side. My friend, Dr. Cisneros, kindly consented to take charge of Mrs. L., who I saw would be comforted by the ministrations of one who spoke her own language, and we soon persuaded her that surgery and not spring waters was the only reliable remedy for her affection. The tumor was removed exactly as in Case I, and the patient has so far recovered as to propose continuing her journey in a few days.

CASE III. Dr. Ira B. Reid, of Harlem, called upon me with a request that I would go to that suburb and remove just such a tumor as that depicted in Fig. 1 from the uterus of Mrs. E., a multipara, aged about forty years, who was greatly reduced by uterine hemorrhage. The only difference between this tumor and the two preceding ones, consisted in the fact that it was attached anteriorly and not laterally. The operation, which was performed in the presence of Dr. Reid and five of his colleagues, ended very satisfactorily in a few minutes, and the patient fully recovered.

These cases did not follow each other in practice, but I have arranged them in sequence because one diagram so perfectly answers for them all. Let me ask by what method of those formerly employed could these tumors have been removed? The answer comes quickly—by excision, by powerful torsion, by écrasement, or by galvano-cautery. No one of the present generation of gynecologists will mention the dangerous plan of ligation. It is true that by any one of these methods removal could have been accomplished, but by any one of them it would have been less rapid, more difficult, less certain, and more dangerous. By the spoon-saw it was one of the simplest operations of surgery.

CASE IV. Dr. Rodman, of Frankfort, Ky., brought to me Mrs. X., of that city, whom he had been induced to examine a short time before on account of some anomalous uterine symptoms, and in whom he had diagnosticated a submucous fibroid as large as a very large hen's egg attached to the fundus uteri. The patient, a multipara, and aged about forty-two years, looked pale and worn. Upon examination with Dr. Rodman, I agreed with him fully in diagnosis. Rather than describe the case fully, I depict it in Fig. 2, which shows the state of things very perfectly indeed.

FIG. 2.

The propriety of removal being agreed

upon, the patient was anesthetized, placed upon the left side, Sims's speculum introduced, and the tumor seized and pulled upon by the vulsellum forceps. Then, when the attachment was put upon the stretch, the spoon saw was applied and the mass cut rapidly and easily away. The patient made a complete recovery, and soon returned to her home, from which place she writes that her health is restored.

The attachment in this case was high up in the uterus, very thick and difficult of severance, and would surely have proved a great obstacle to complete removal by any of the old methods. Écrasement and galvano cautery would have consumed much time, involved dangerous manipulations in the uterine cavity, and left a piece of pedicle for inoculation. Direct traction and torsion would with so broad a base have been dangerous resources, and he must have had excellent results from excision who would advocate that course in such a case.

Case V. Miss B., a virgin of nearly fifty years, had for one year complained of irregular menstruation and excessive flow. During this time all the hemostatics had been tried with varying results, until she had become alarmingly exsanguinated and exhausted by a steady continuance of the difficulty. After an attack of hemorrhage, marked by escape of arterial blood, Dr. A. Dubois requested me to see her.

Fig. 3.

Up to this time Miss B. had steadily refused a vaginal examination, but now she consented to it. I discovered, by touch, a part of what is depicted in Fig. 3, and at a subsequent examination under ether made out the whole by careful probing.

It will be seen that a fibroid of submucous character projected into the cervical canal, down to the os externum, which it distended. It was not attached at all in the cervical canal, and was free on one side of the uterine cavity. On the other

side, however, it was firmly attached from the os internum to middle of fundus. The tumor was so much compressed at the os internum as to have been forced to assume the shape of an irregular figure 8. Any one at all conversant with the management of such cases will recognize in this, one, very difficult of management.

The patient being anesthetized, and Sims's speculum introduced, the projecting cervical extremity of the tumor was seized with the vulsellum forceps, and the spoon saw being gently insinuated between the tumor and the uterus, its attachments were rapidly and easily severed, and the mass drawn away. A portion, the size of a hickory-nut, was left attached to the fundus, but this was in a similar way removed. The tumor, after removal, is shown in Fig. 4. The patient made a good recovery, no bad symptom developing itself after operation.

FIG. 4.

CASE VI. I was requested by Dr. Edgerton, of Middletown, Connecticut, to visit that place for the purpose of removing a large tumor which had suddenly and without previous warning been expelled from the uterus into the vagina, in Mrs. R., a multiparous woman, fifty-eight years of age, who had hitherto enjoyed excellent health, and who, at the age of forty-eight, had reached the menopause.

Fifteen or twenty years ago Dr. Marion Sims had examined Mrs. R., and found a uterine fibroid of interstitial character in her uterus. She had gradually recovered from the symptoms created by this, however, and had forgotten the fact until it had been brought to her memory by a sudden and violent succussion in the vagina while straining at stool. Dr. Edgerton, being sent for on this account, found a tumor in the vagina bearing to the uterus the relations depicted in Fig. 5. The contracting uterus had forced into the vagina the greater part of a fibroid as large as a large cocoa-nut. A large sessile base still attached it to the posterior and lateral walls of

the uterus. This tumor had at its lower edge begun to slough, was giving forth a very offensive discharge, and the rise of temperature, rapidity of pulse, etc , told the tale of rapidly advancing septic absorption.

The patient being anesthetized, I, with Dr. Edgerton's assistance, applied the long forceps, and endeavored to deliver the tumor as if it were a child's head, but it was too large to pass the pelvic outlet. I then seized the mass with vulsella, and with curved scissors cut away all that existed in the vagina. Then seizing the intrauterine portion, I swept the spoon-saw around it, and very soon drew forth the whole remaining portion of the growth. The patient made a good recovery.

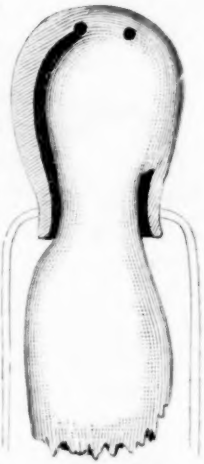

FIG. 5.

The peculiarities of the removal of these growths by the spoon-saw were these:— The most accessible parts of the tumors were detached by the saw, and every successive sweep brought those above more fully into reach; there was uniformly very little hemorrhage; the operation was very rapidly performed; and the operator was not fatigued by his efforts.

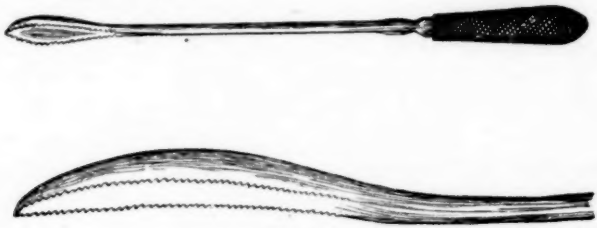

FIG. 6.

As some of the readers of the *American Practitioner* may never have seen the representation of the spoon-saw, I close this short article by a cut (Fig. 6), which gives a very good idea of it.

NEW YORK CITY.

# THE ELEMENTS OF SURGERY.

BY JOHN CHIENE, M. D., F. R. C. S. E.

*Surgeon to the Edinburgh Royal Infirmary, etc., etc.*

## LECTURE II.—(*Continued.*)

THE PROCESS OF REPAIR.—FIRST, IN A WOUNDED VESSEL; SECOND, IN THE INJURED TISSUES.

I have now spoken to you, gentlemen, of that which first demands your attention in any solution of continuity. I have considered it at this stage because I believe it to be the best introduction to the process of repair in the tissues after an injury. I now go on to speak of the *process of repair* as a whole. Suppose, in the case of any wound, you have at length succeeded in putting a stop to the bleeding; you have sewed together the edges of the wound; you have fixed on the dressing. What can you now do? Nothing. The remainder is a process of nature, and you can only here and there assist that process in the direction of healing. For two things may happen,—either the wound does not unite, the injury is followed by destruction and death of the part, or repair of the breach and recovery in the surrounding tissues is the result. We shall consider the former case in other connections; our present business is with the latter.

The tissues are vascular, and every solution of continuity is associated with rupture of the vessels and consequent extravasation of blood. Extravasated blood has the power of coagulating. The rare exceptions to this do not interfere with the following argument:* *Repair of every solution of continuity takes place in every instance by means of blood clot.*

* Hunter describes cases in which the blood, after extravasation, remains in a fluid state. This may, perhaps, occur. My observations incline me to think that it is much rarer than is generally supposed. Undoubtedly many of the cases of so-called fluid blood can be explained on one of two suppositions: First, that the blood, having clotted, breaks down and liquefies. Second, that the clot *contracts* after forming, the serum tinged with coloring matter is squeezed out of the clot by this contraction; that the serum is not reabsorbed, the clot floats free, and

This is simply a return to the teaching of John Hunter, with all the benefits of the knowledge which has been gained since his time. Hunter taught that fluid blood is a tissue "endowed with life." Life he defined as "the principle of self preservation." What he thought in regard to the function of the blood in the process of repair, may be learned from such quotations as the following:—"Extravasated blood is the bond of union." "The union of the broken parts to the intermediate extravasated blood," etc. "It is the blood and parts uniting which constitute union." "The blood so extravasated either forms vessels in itself, or vessels shoot out from the original surface in contact with it."

With these preliminary remarks, I shall now put what I have to say on this subject into the form of a series of propositions. These have been established in a separate connection, and may therefore for our purpose be called axioms. You know most of them already, but it is necessary to bring them before you in this connected way.

1. Where there is a breach in the continuity of a part, there is injury.

2. When a part is injured, there is a lowering of its vital powers.

3. When the blood is poured out, it is brought in contact with depressed tissue.

4. Coagulation of the blood is the result of contact with dead or dying matter.

5. Therefore extravasated blood coagulates.

6. The process of coagulation may be noted as consisting of three stages—(*a*) viscidity, (*b*) jellying, (*c*) contraction.

7. The color of the blood clot is an accident. "The red color of the blood is not an essential." (Hunter.)

it can not be felt by palpation. Fluctuation is felt, and it is said that the clot never formed. A clot floating in serum will sooner or later break down; it can not organize. When a fluid is drawn off, in cases of extravasation, does it clot as normal recent blood does? Hunter distinctly states that when blood does not clot after extravasation, inflammation is apt to ensue; in inflammation effusion is in excess of absorption. In such cases reabsorption of the serum from the contracting clot is not to be expected.

8. There is, therefore, besides the colored the colorless blood clot, as in the "buffy coat." (Hunter called the latter "coagulable lymph;" but people, in accepting the name, did not accept Hunter's explanation of the thing.)

9. The changes which take place in blood clot ending in organization, are interfered with and delayed by the presence of the colored corpuscles.

10. The essentials in a blood clot are fibrin and white blood corpuscles.

11. To obtain these essentials, liquor sanguinis and white blood corpuscles are necessary.

12. In every irritated part you have effusion of the liquor sanguinis and migration of the white blood corpuscles. The elements of the colorless blood clot or lymph are present.

13. The nature of the changes which take place in a colored clot will depend (*a*) on its surroundings, *i. e.*, the tissue in which it lies; (*b*) on its size; (*c*) on its situation, *i. e.*, whether it is exposed or not; and (*d*) on its treatment.

14. If the tissues around are healthy, if the colored clot is not of too large size, and if it is not irritated in any way, then it will organize, sooner or later, into connective tissue.

15. If it be poured out amongst unhealthy tissue, or if irritated by exposure or pressure, or if by its size it presses upon the neighboring parts, becoming itself an irritant, then it will break down, liquefy, and be rejected or absorbed, or it may remain amongst the tissues, which are condensed by pressure and form a cyst wall inclosing the fluid, once blood.

16. The process of organization into connective tissue takes place in the following way:—(*a*) the blood clot becomes adherent to the surrounding parts; (*b*) decolorization takes place; (*c*) the cell elements in the clot increase by migration and proliferation; (*d*) the clot becomes vascular; (*e*) formation of connective tissue takes place; and (*f*) the process is completed by contraction. The process is the same as in the clot which closes the cut end of an artery.

17. This process of organization is accompanied by absorption of the fluid parts of the clot, of the red blood corpuscle s

and of any portion which, from the size of the clot, is beyond the reach of the living tissue from which the clot receives its vascular supply.

18. As a result of the preceding, blood clot results in either (*a*) recovery by organization; or (*b*) death and liquefaction followed by ejection or absorption.

19. This recovery is equivalent to the formation of connective tissue, assisted by contraction and absorption.

20. Blood clot, in the process of organization, has always a tendency to become like the tissue near which it lies.

21. If the primary (colored) clot does not form, or after having formed is removed, then the tissues are exposed and the migratory white blood corpuscles and the effused liquor sanguinis supply the element for the secondary (colorless) clot, coagulable or inflammatory lymph as it is called.

22. The changes which take place in the colorless clot are similar to those which occur in the colored clot. The onward progress ending in organization is more rapid; there are no colored corpuscles to be removed. The colorless clot forms a thin layer on the surface of an open wound, or between the opposed surface of the wound, the walls of which have been brought in contact after all hemorrhage has ceased. In either case the tissues from which it receives its blood supply are in close proximity, vessels shoot rapidly into it—vascular colorless blood clot, when exposed, is termed granulation tissue, which covers the tissues and protects them from external irritation, and places them in the most favorable condition for recovery from the injury.

In the foregoing propositions is traced out the history of the general process. One or two varieties of wounds claim our special attention. For purposes of study we shall take comparatively simple cases, where we can approach to an exact enumeration of all the elements. In every large wound several varieties of healing may be noted.

*Subcutaneous Wounds.*—We have, first, the true subcutaneous wound, known as a contusion or bruise when occurring in the soft tissues, and a simple fracture when in the bone.

There is no solution of continuity in the epidermis, although the term "subcutaneous" is sometimes applied to wounds where there is a very small opening, as in the wound made in tenotomy. Good examples of a true subcutaneous wound are found in such common occurrences as a black eye and a kick on the leg. There is a tearing of the subcutaneous tissues, and blood is freely poured out. As a consequence, we have swelling and discoloration of the part. The irritation and depression have been followed by coagulation, and in connection with the coagulum the process of healing goes on. In some cases there is simple absorption, and this may take place very rapidly, as in the case of a black eye. In other cases, if the clot is not too large, if there be no irritation and if there be proper treatment, organization sets in as described above. But if the clot be too large, the central part will break down, become liquid, and be removed. Bone heals according to the same principles.

*Open Wounds with Loss of Substance.*—The second class comprises open wounds, accompanied by loss of substance. The wound is necessarily exposed for a longer or shorter time. Suppose it is for a very short time, so that putrefaction is prevented. There are blood vessels cut, and as it escapes the blood dries from exposure. In general the wound is dressed with a rag or protective of some kind, which, with the dried blood, forms a complete covering. Anything which will prevent the access of air, and act as a receptacle to the escaping and coagulating blood, will do; and in the dog, an efficient protective is formed by a mixture of saliva, hair and blood. This drying produces a "scab." When the scab is removed at the end of a few days in a small wound, a new epithelial covering is found to have formed. The blood clot, protected from external irritation by the scab, commences to organize into epithelial tissue at the edges where it is placed next the epithelial tissue of the surrounding skin, and the process goes on until the whole surface of the wound is covered with a dry epithelial tissue, and the scab, not being retained in its place, falls off. So perfect is the adaptation of the new formation to

the conditions of the organism as a whole, that in a case in which there was a blood clot with part of the mass beneath and part above the level of the original surface, and of the still existing surrounding surface, I have seen the new epithelial formation cut in like a knife through the clot, shaving off the redundant portion, which, in due time, fell off as a scab. This process is termed cicatrization, and the new epithelial tissue is termed a cicatrix. In the deeper parts of the clot, the changes ending in the formation of connective tissue are taking place. In order that the blood clot may organize under a scab, it is necessary that absorption should be in excess of effusion. If this is not the case, then tension will take place under the scab, the blood clot will break down, and suppuration will occur under the scab.

There may be cases in which the open wound is exposed for a considerable time, but yet by the adoption of antiseptic precautions (the consideration of which I shall take up fully in a few days), irritation by putrefaction is thoroughly prevented. Any case of operation with antiseptic precautions, in which the edges of the wound remain apart and the clot is exposed, may be taken as an example; but I will refer to one instance in particular, which has a special interest for me as being the first in which I brought prominently forward the doctrine for which I am contending in these lectures. You will find the facts in the Lancet for July, 1875. They are, briefly stated, as follows:—I had resolved to make an experiment with a blood clot, to try its efficacy in the function of healing. A young man came to the clinical wards with a horn on his heel. I removed this, and the cavity which was left formed a kind of box, with the os calcis as the floor. I put on the protective over this cavity, took off the tourniquet, and the cavity was allowed to fill with blood The blood clot filled the cavity, with the exception of one small hollow. The blood organized and epithelium proceeded to form over the surface. On the sixteenth day I scratched the surface of the new tissue; it was vascular and bled, and we had the groove on the surface of the original clot filled up with a

secondary clot. This second mass of blood passed through the same stages, and the ultimate result was a fair and sound cicatrix. It is interesting to observe that blood clot can organize on blood clot. This was the first case in which I observed this. We can, in consequence of this, make up for any insufficiency in the first clot; scratch it, after vascularization, and add to it.

If there is long exposure and no antiseptic precautions are taken, putrefaction will probably occur. Remember that I take putrefaction as merely an example of a local irritant. It is the most common one; its effect on the blood clot is due solely to its local irritant action. The blood clot in this case breaks down on the surface, and the putrefaction spreading deeper general disintegration commences. But in the deeper part of the clot, before the irritant effect reaches it, the normal process sets in. The putrefactive action going downward meets this developing tissue, in the stage of vascularization. Putrefaction can not go on in the presence of a healthy growing tissue, and therefore stops. The putrefactive products are thrown off, and the vascular lymph is exposed. The special name "granulation tissue" has been applied to this, but it is of less importance for you to know what it is called than to know that it is merely blood clot or "coagulable lymph," in the stage of vascularization. Though developed to a certain degree, yet it is still a very weak tissue, and great care must be taken of it. A slight irritation will break down the whole formation, and it is thrown off; the exudation of liquor sanguinis and white blood corpuscles takes place from the raw surface of the sore thus laid bare, lymph forms, and the process begins *de novo*. The lymph is colorless blood clot; the elements necessary for its formation are poured out from the tissue. These elements are liquor sanguinis, which supplies the fibrinogen, and white blood corpuscles, which supply the fibrinoplasten; the result is the formation of fibrin, in the meshes of which white blood corpuscles are entangled.

We have now to study the changes which take place in granulation tissue. It consists of masses of cell elements re-

sembling the white blood corpuscles. It is richly supplied with blood vessels, which communicate with the vessels of the part on which it lies; it is surrounded by epithelial tissue, and it rests upon the connective tissue on which it has been formed. This layer of granulation tissue is seen on the surface of a healing ulcer or in an open wound. It may also be met with lining the cavity of a wound; it does not necessarily communicate with the external air; it is just blood clot or lymph which in the process of organization has become vascular, the deeper surface of which is in contact with tissue; the superficial surface is unconnected with tissue. It is to be seen in any open wound which has not healed by scabbing, or by primary blood clot.

Two changes take place: From the edge of sound epithelium a rapid development of epithelial cells goes on, projecting more and more into the center of the sac, and among the round cells in the deeper parts of the clot conversion into connective tissue corpuscles, together with the formation of fibrous tissue from the intercellular substance, produce a subcutaneous layer over which the new epithelium forms. This process, you will observe, is similar in many respects to the process which goes on under a scab, and is also cicatrization. I should observe, at the same time, that during the conversion of a granulating surface into a cicatrix, contraction occurs, and the edges of the wound are drawn together. This fact of contraction, though frequently very unpleasant when the wound is on such a part as the face, can yet be turned to good account. If we have the raw surface of the wound not comparatively flat but disposed in a trench-like form, as in the case when a wedge of tissue has been removed we have the process of conversion beginning at the bottom of the cavity, and contraction taking place then brings together the two adjacent surfaces of the wound. This goes on, and the depth of the cavity constantly grows less, until you may come right up to the surface, the epithelium forming over all. This mode of healing is termed healing by "coäptation," and occurs in any trench-like wound, as in the operation for fistula

in ano. There is always a certain amount of discharge from a granulating surface. It contains a number of very weak cells, and on account of their weakness and exposure there is as it were a high death-rate among them, and great numbers can not maintain themselves at this low level of life. The discharge represents the death-rate. The granulation cells may be likened to individuals in a community:—an epidemic will increase the death-rate in a town; improper treatment will increase the amount of discharge from a granulating wound.

*Incised Wounds.*—I have spoken of subcutaneous wounds, and of open wounds with loss of substance. I have yet to say something of a third class—open wounds without loss of substance, or incised wounds. Such happen in cases where there is a clean cut, and the knife passes into the tissues and is withdrawn without having carried away any portion. There are two modes of repair here, at one of which I have already hinted:

First—when you have the surfaces in contact. In every case of this kind the blood is poured forth from the ends of the cut vessels, and to a certain extent remains in the slit. The circumstances are all that we could desire for an experiment, and an incised wound of this kind, when opened after a certain length of time, shows the organization at one or other of its stages. This is one variety of union by the first intention. And I wish at this point to enter my protest against the assertion of the late Dr. Macartney, of Dublin, that what he means by union by the first intention is the same as what John Hunter meant. The error is the more serious as it is countenanced by so high an authority as Paget. What Macartney means is simply this:—that if the cut surfaces are brought together immediately, all the parts which have been separated are at once brought into contact, more especially the cut mouths of the capillaries, are united again; and under these circumstances that, the circulation having received little check, time is only required for the soldering together of the broken parts—a process which is completed

in a remarkably short time. Whatever may be the merits of this explanation (in my opinion it is an impossibility), it finds no support in the works of Hunter; and I refer you to his own works, and ask if a fair interpretation of his meaning will not lead you to the conclusion that by "union by the first intention" Hunter meant union by organization of blood clot.

Second. If you keep the surface of an incised wound apart, the colorless blood clot—the inflammatory lymph of Paget—covers the surfaces of the cavity. If the surfaces are then brought together, organization takes place, union takes place. If the surfaces are kept apart, the colorless clot becomes vascular, granulations form, and union takes place by coäptation and contraction. In the one case you have a wall of clot, with both sides of which the tissues are in contact, the epithelial formation forms the cope-stone. In the other you have the clot lining the sides of the cavity, lying on the tissues. The cavity heals from the bottom, the opposed surfaces come together by the contraction of the surrounding tissues, and coäptation of the surfaces takes place. The cavity decreases in depth until the surface is reached, and the epithelial formation joins the opposing edges of the skin—the wound is healed. Sometimes the epithelial formation may extend downward over the granulating surfaces, meeting the coäptation process in its upward progress. The result in such a case will be a depressed cicatrix.

I have gone rapidly over these different varieties of wounds; it is not necessary to dwell more fully on them, because my object here is not to describe the phenomena, to explain the conditions well known to every surgeon. My belief is that much obscurity has arisen in consequence of a departure from John Hunter's teaching. The healing of wounds will be more easily understood by the student on the principles that I have tried to lay down. Healing by scabbing, union by first intention, union by second intention, are essentially the same process; the alterations are the result of the treatment of the clot, colored or colorless, which has always a tendency to

form until the wound is healed. The natural history of the clot will depend on its treatment and surroundings.

The healing process may be divided into two great divisions:

First. *Healing by primary (the colored) clot.*

Second. *Healing by secondary (the colorless) clot.*

Under the first head comes scabbing; under the second head comes healing by granulation, cicatrization and contraction, as in an ulcer; healing by coäption, as in a trench-like wound after a sinus is laid open. Union by first intention may be the result either of the first or second division; of the first, when the colored clot is the uniting medium; of the second, if the wound is kept open for a few hours, until all hemorrhage has ceased, until the secondary clot has formed—the surfaces being then brought together, as Liston did latterly in his amputation wounds. A granulating wound may, if aseptic, be filled with blood by scratching the granulations, and the clot which forms may organize.

It is hardly necessary to say that in almost every large wound, we may have examples of all these different varieties of healing. Their difference is more apparent than real. If I have been successful in my attempt to revive John Hunter's teaching that blood is the uniting medium, that the changes which take place in it result in a healed wound, then it follows that *Repair of every solution of continuity takes place in every instance by means of blood clot.*

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## SEXUAL HYPOCHONDRIASIS.

BY F. J. BUMSTEAD, M. D.

*Late Professor of Venereal Diseases at the College of Physicians and Surgeons, New York.*

No small proportion of the patients who apply at the office of the venereal specialist, are afflicted only with hypochondriasis relating either to the appearance or the functions of

their genital organs. These patients may be divided into two classes—first, those who are ignorant of what the appearances of the genital organs normally are, or how far these appearances vary in sound persons, or who are ignorant of the influences which affect the functions of these organs in all men, even the most healthy. This class of patients, if blessed with common sense and confidence in their medical adviser, need only information to set them all right. But there is a second class of such patients, unfortunately the more numerous, whose minds are really unsound in reference to their sexual organs, who are unwilling to accept the statement of their physician that there is nothing the matter with them; who go on brooding over their imaginary trouble; who fall the ready victims of quacks; and who, after leading a miserable existence, a burden to themselves and their friends, sometimes become the inmates of a lunatic asylum or seek a suicide's death. If such patients can not be made to listen to reason, and a manly spirit can not be roused up in them, there is no hope for them, for neither medicine nor surgery can cure them.

I propose to mention some of the grounds of complaint which the subjects of sexual fear, or hypochondriasis, most commonly set forth to their physician.

With some the complaint is almost ludicrous, as for instance that one testicle hangs lower than the other—a condition which prevails with the great majority of men. Or the patient thinks that his penis or testicles are smaller than they ought to be, even when they are of very fair dimensions; or he complains of an itching or crawling sensation in the parts, which is not strange while his thoughts are constantly directed upon them. Again, it is the cheesy excretion which forms in the furrow at the base of the glans; a few herpetic vesicles appearing from time to time, or a slight eczema of the penis, or the eczema marginatum which is so often developed in the inguinal fold, that makes him unhappy.

A prominent professional man applied to me a few years ago for a little follicular abscess on the sheath of the penis,

which he kept open by constantly picking at it. His mind was perfectly clear on every other subject, but was insane on this. He imagined he had syphilis, and had communicated it to his wife and children. After a few months he committed suicide.

Again, enlargement of the scrotal veins, or varicocele, is a fruitful source of terror to many men. This, indeed, may exist to such an extent as to seriously incommode the patient, and to demand surgical interference; but, in a moderate degree, it is of trivial moment, and may be relieved by wearing a suspensory bandage.

But nocturnal emissions are the complaint of most of the subjects of sexual hypochondriasis, and these they will probably ascribe to masturbation, which they ignorantly practiced for a time in former years, until they had visited one of the vile "museums of anatomy," which infest our cities, and, either there or elsewhere, had read the terrible pictures of the dire effects of this habit, which quacks are wont to conjure up. Their emissions did not occur until after they had abandoned self-abuse, and hence, with illogical reasoning, they "must be due to that practice." Even men in adult life, who have been left widowers after years of unimpaired sexual power, will ascribe nocturnal emissions—due to their present continence—to early indiscretion.

The subjects of nocturnal emissions will tell you that, after each emission, they feel weak and exhausted; that they have pain in the back; and that they find their memory failing. They are apt to imagine also that the natural moisture of the urethra is semen; that the viscid fluid which oozes from the canal on sexual excitement is semen, and that they pass semen on straining at stool or in their urine—the latter being shown by some shreds which it contains when first passed, or by the sediment which is formed on standing.

Now, these men are to be told some plain truths. Nocturnal emissions occur independently of the practice of masturbation. Some of the most frequent cases I have ever seen have been in men who had never committed self-abuse. They

are incident to early manhood, especially between the ages of fifteen and thirty, and less so as life advances. At this period the genital functions are most active; the secretion of the semen is constantly going on and must find vent somewhere, like a loaded rectum or a distended bladder. For a man in the prime of life and living continently, not to have an occasional nocturnal emission, is a rare exception. The frequency of these emissions will vary consistently with health, and will depend somewhat upon the purity of the thoughts of the individual, and upon whether the sexual desires have already been excited as by masturbation, illicit sexual intercourse, or the marriage state. Hence masturbators and widowers will be more exposed to them than those who have been continent from their youth up. With regard to their frequency, it may be said in general that once a month or once a fortnight is most common, but they may take place as often as two or three times a week without detriment to the health. They are very apt to occur in groups; and this is a point to be mentioned to patients, *i. e.*, he may be free from them for several weeks, and then will have two or three on successive nights or the same night.

In ninety-nine cases out of one hundred, these emissions require no medical or surgical treatment. The chief danger from them lies in the patient attaching undue importance to them, in dwelling upon them, and making himself miserable over them. If he can be induced to give his mind and body pure thoughts and healthy exercise, and to look upon their occurrence as a physical necessity, nature will take care of the rest.

It is now many years ago since a young man, who, like most young men, had not been entirely free from self abuse, picked up a small pamphlet written by the late Dr. Bell, superintendent of the McLean Insane Asylum, in which the sin and degradation and the evils of masturbation were set forth. He at once abandoned the habit, but nocturnal emissions occurred and became a terror to him. He called upon Dr. Bell, and his first words, after announcing his mission,

were to thank him for writing the pamphlet he had read. To his surprise, Dr. Bell replied that he was sorry he had ever written it; that the first edition was exhausted, and that he would never allow another to be published. "Why?" "Because I believe that what I said of the possible evils of masturbation and nocturnal emissions was overdrawn, and has done more harm by the fears it has excited in young men, than a continuance of the practice itself would have done." "Well, what medicine shall I take?" "No medicine whatever." (Second surprise of the young man.) "I shall only lay down some hygienic rules for you to follow. You must expect your nocturnal emissions to occur from time to time, but must not mind them. They will be less and less frequent as you grow older, and if you ever get married they will cease." The young man had strength of mind enough to appreciate this advice and follow it. He found every word of the doctor's prognosis in his case to come true; and in hundreds of such cases which he afterwards met with in practice, when himself a physician, the same advice, when accepted and followed, always proved successful.

As intimated above, matrimony might be regarded as the best prescription in cases of nocturnal emissions; and it *is* the best prescription whenever practicable, under such conditions of mutual attachment, etc., which are necessary to make married life happy. To marry simply for the sake of sexual intercourse is likely to lead to greater unhappiness than can ever be caused by nocturnal emissions.

Illicit sexual intercourse as a substitute for matrimony, is never to be recommended—first, because it is morally wrong, and the physician would take upon himself a fearful responsibility in advising it; and second, because the excesses, which fornication always leads to, have an effect directly opposite to the one desired. In an admirable lecture—Clinical Lectures and Essays by Sir James Paget, London, 1875—on sexual hypochondriasis, Sir James Paget says:—"Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon

prescribe theft or lying, or anything else that God has forbidden. If men will practice fornication or uncleanness, it must be of their own choice and on their sole responsibility. We are not to advise that which is morally wrong, even if we have some reason to think a patient's health would be better for the wrong-doing. But in cases before us, and I can imagine none in which I should think differently, there is not ground enough for so much as raising a question about wrong-doing. Chastity does no harm to mind or body, its discipline is excellent; marriage can be safely waited for; and among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard one say that he was better or happier for it; several have said that they were worse, and many I know have been made worse."

In all cases of frequent nocturnal emissions, the genital organs should be examined, and, whether phimosis exists or not, if the prepuce be long and redundant, circumcision is to be recommended. A very marked varicocele may also render surgical interference desirable.

The hygienic rules to be given to the patient are very simple. It is better that the most substantial meal in the twenty-four hours should be taken at noon; the supper should be light, and food and drink be entirely avoided in the evening; the bed chamber should be well ventilated, a hair mattress preferred to a feather-bed, and much covering avoided. The patient should sleep upon his side, and not upon the back; a small pillow placed between the knees, so as to separate the thighs and prevent the scrotal organs from becoming heated, is sometimes desirable; and the patient should rise as soon as he wakes, emissions occurring most frequently during the semi-consciousness of the early morning nap.

Tobacco in every form should be prohibited, since it not only increases the general irritability of the nervous system, but appears to have a direct influence in diminishing the tone of the genital organs, and thus favoring seminal emissions.

Above all, as already stated, the mind of the patient should be distracted from his complaint by constant occupation, and

his general health be promoted by a plain but nourishing diet, and by daily outdoor exercise, not carried to fatigue, since it is found by experience that when the strength is exhausted, an emission is more likely to occur.

Many of these patients also have constipated bowels, and means should be taken to secure a daily stool.

As a rule, no other measures than the above are required. It is to be understood, however, that any weakness and irritability of the nervous system may require the administration of tonics, a change of climate, etc. For this purpose I have found the two following prescriptions of good service:

| | | | Grammes. |
|---|---|---|---|
| ℞ | Ferri et quiniæ citrat., . . | ʒ iij | 12. |
| | Strychniæ sulph., . . . . | gr. j | .06 |
| | Acidi phosphoric. dilut., . . | ʒ ss | 15. |
| | Syrup. aurantii, . . . . | ʒ ij | 75. |
| | Aquam ad., . . . . . | ʒ iv | 145. |

M. et sig. A teaspoonful (5.00) in water after each meal.

| | | | Grammes. |
|---|---|---|---|
| ℞ | Strychniæ sulph., . . . . | gr. j | .06 |
| | Acidi phosph. dilut., . . . | ʒ iij | 90. |

M. et sig. A teaspoonful (5.00) three times a day after eating.

The tincture of the chloride of iron and also ergot, have been supposed, and I think justly so, to have a special tonic effect upon the genital organs; but they must be given in large doses, as for instance from half a drachm to a drachm (2.00–4.00), of either the tincture of iron, or the fluid extract of ergot (Squibb's), in water after each meal. They may be combined as in the following prescription:

| | | | Grammes. |
|---|---|---|---|
| ℞ | Tr. ferri chloridi, . . . . | ʒ iij | 90. |
| | Ext. ergotæ fl. (Squibb's), . | ʒ iij | 90. |

M. et sig. A teaspoonful (5.00) in water after each meal.

As a direct means of diminishing the frequency of the emissions, however, the following is often found to be most efficacious:

| | | Grammes. |
|---|---|---|
| ℞ Potassii bromidi, . . . . . | ʒ j | 30. |
| Tr. ferri chloridi, . . . . . | ʒ j | 30. |
| Aquæ, . . . . . | ʒ iij | 90. |

M. et sig. From one to two teaspoonfuls (5.00–10.00), in water, after each meal and at bedtime.

Mention has already been made of the advisableness of circumcision when the prepuce is long. It may also be found, upon the introduction of a sound, that the urethra is oversensitive, especially in the prostatic region. In such cases, the introduction of a cold sound of full size, at first every third or fourth day and afterward with greater frequency, will generally afford relief to the hyperesthesia. I sometimes inject into the prostatic urethra about ten drops of a solution of nitrate of silver of the strength of twenty grains (1.30) to the ounce (30.00) of water, by means of a deep urethral syringe, or Guyon's flexible catheter and syringe. The severe cauterization with the *porte-caustique* of Lallemand should by all means be avoided.

In one severe case of nocturnal emissions, occurring several times every night, Professor J. H. Pooley* made a perineal incision, similar to that for median lithotomy, into the urethra just at the apex of the prostatic gland, and diverted the urine from its natural channel for a time. The result is reported to have been successful, but whether due to the mental or physical effect of the operation may be questioned.

A few words are still necessary with regard to the special complaints made by these patients to their medical adviser, and which have for the most part been enumerated. Trifling as they may appear to him, they should yet be fully explained to them. The lassitude and backache which they experience after an emission, is nothing more than any person of impaired nervous power would feel after a long walk or other exercise. Their loss of memory is purely imaginary. They should be told that the natural condition of the urethra is one of moisture, like the inside of the mouth; that the amount of

* New York Journal of Medicine, Vol. XXVIII, 1878, p. 302.

moisture will vary at different times; that it is especially liable to be increased by the erethism, occurring either with or without the knowledge of the patient during the hours of sleep, and hence is most perceptible in the morning on rising; that it is perfectly natural in men as in the lower animals to have the end of the penis smeared with a clear viscid fluid when under sexual excitement (nature's object probably being to facilitate intromission); that a cloud or sediment will form in the most normal urine when allowed to stand for a few hours, and that no pair of optics ever born, unassisted by the microscope, could discover the presence of semen. But even should it occur, as it sometimes does, that a fluid actually containing spermatozoa, is pressed out from the canal, especially on straining in passing a hard stool, it is nothing more than that overflow from the vesiculæ seminales, to which continent persons in robust health are liable. Spermatozoa left in the canal after such exertion, and particularly after a wet dream during the night, will naturally be washed away by, and be found in the urine the next time it is passed.

The picture that I have given of masturbation and seminal emissions is very different from the one drawn by Lallemand and by the charlatans of the present day, who, in their circulars, represent impotence, disease of the heart, consumption, paralysis, insanity and idiocy as a few of the consequences of self-abuse, which can only be cured by some nostrum of which they hold the secret. Masturbation is injurious, degrading and beastly enough, not to require to be painted in any colors which are not consistent with truth.

I have taken occasion to make inquiries of some of the most eminent physicians of our insane asylums, as to what extent masturbation should be regarded as a cause of insanity, and they have expressed the decided opinion that it was mental weakness that led to masturbation, and not masturbation that led to mental weakness and insanity. Paget's words on this point are worth quoting:—"You may teach positively that masturbation does neither more nor less harm than sexual intercourse practiced with the same frequency in the same

conditions of general health and age and circumstance. Practiced frequently by the very young, that is at any time before or at the beginning of puberty, masturbation is very likely to produce exhaustion, effeminacy, over-sensitiveness, and nervousness; just as equally frequent copulation at the same age would probably produce them. Or, practiced every day, or many times in one day, at any age, either masturbation or copulation is likely to produce similar mischiefs or greater. And the mischiefs are especially likely or nearly sure to happen and to be greatest, if the excesses are practiced by those who, by inheritance or circumstances, are liable to any nervous disease—to 'spinal irritation,' epilepsy, insanity, or any other. But the mischiefs are due to the quantity, not to the method, of the excesses; and the quantity is to be estimated in relation to age and the power of the nervous system. I have seen as numerous and as great evils consequent on excessive sexual intercourse as on excessive masturbation; but I have not seen or heard anything to make me believe that occasional masturbation has any other effects on one who practices it than has sexual intercourse, nor anything justifying the dread with which sexual hypochondriacs regard the having occasionally practiced it. I wish I could say something worse of so nasty a practice; an uncleanliness, a filthiness forbidden by God, an unmanliness despised by men."

There are other complaints of the sexual hypochondriac, into which we have not the space to fully enter. I refer particularly to those odd caprices which these organs sometimes exhibit under varying mental emotion,—even in the most robust and healthy individuals Perhaps the most frequent complaint is that of too speedy ejaculation in the sexual act, which may take place on attempting intercourse with any woman or with some one woman in particular, especially if the attempt be the first one with her. Here the mind is chiefly at fault; over-anxiety to perform the act well is very likely to lead to its being performed badly. It occurs less frequently in married life than in single, and is a defect which diminishes with age as old men well know. If art can do

anything to hasten its cure, it will be by means already mentioned: circumcision, if the prepuce be long; the cold sound in cases of irritability of the prostate, ergot and the tincture of iron internally; last but not least matrimony, or, in lieu of that, some other object in life than sexual gratification.

Cases of absolute impotence in men of good health, and who have not greatly abused their powers, must be rare; I can recall but three or four in many years of practice. These I have treated with almost every remedy which I had ever heard of, but I can not say that I ever did any good to the patient. Most frequently the impotence is merely imaginary. It is safe to tell any man who has erections at night that he is not impotent. Matrimony is the remedy for this imaginary evil, but, like the boy who did not want to go into the water before he knew how to swim, the patient desires to be satisfied beforehand of his competency. This he can not do by trial with women of the town; the conditions under which such attempts are made are obviously so different from those of married life as to require no comment.

Finally, the satisfactory accomplishment of the sexual act will be influenced by the merest whim or fancy. One man will be told by a friend some story of his sexual weakness, and, with this in his memory, he too for a time will find himself defective. A coarse word or some personal remark made by a woman may take away all desire for her, while the desire and the power remain the same for others. Excessive desire, especially with gratification long delayed, may also temporarily deprive a man of his power. Roubaud* relates a story of a young Frenchman living in the country, where he was initiated into the pleasures of Venus by a governess, who was a blonde and always wore, when she met him, English boots, corsets and a silk dress. When old enough it became desirable for family reasons that he should be married, but he found himself impotent except under the following conditions:—the woman must be dressed, must be a blonde, must wear English boots, her corsets, and a silk dress, in which case his powers

* Traité de l'Impuissance et de la Stérilité, third edition, 1876, p 371.

were all that could be desired. Under the pretense of giving him a powerful medicine, Ribaud administered a "placebo," which cured him. This story is here told to show how much a man's powers are influenced by his mental condition, and to enforce the importance of paying attention to the *morale* as well as the *physique* in the treatment of disorders of the genital functions.

NEW YORK CITY.

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## DIPHTHERIA.*

BY S. S. BOYD, M. D.

The reason why I offer the present paper at this time for publication is, because diphtheria has prevailed so extensively in this country and also in Europe during the last six months; and as I believe that when the attention of doctors is already turned in the direction of that formidable disease is the most profitable time to add our mite of experience.

Early in September, 1878, there appeared in Dublin, Wayne county, Ind., an epidemic of diphtheria. It was at first mild in form, few persons at a time being afflicted. It increased in virulence until about the middle of October, then maintained its most alarming features until the first of December, when it gradually shaded out until the 20th of March, 1879, when the last case was convalescent.

As nearly as I can ascertain from our physicians there were treated in Dublin and vicinity, during the past six months, two hundred and twenty cases of diphtheria, out of an estimated population of sixteen hundred, showing that nearly every seventh person in our community was affected with diphtheria. Of this number about one-third were adults. There were sixteen fatal cases, only one of which was an adult. For truth's sake and the credit of our profession, it

* Read before the Wayne County (Ind.) Medical Society.

must be stated that two of the fatal cases had no treatment from physicians. This leaves but fourteen deaths from diphtheria for which our doctors are accountable.

Being off duty nearly four weeks from diphtheria in myself, I treated but forty-five of the above number—twenty-three children and twenty-two adults. Of this number but one proved fatal. My thirty-third case, a boy ten years old, died from extension of diphtheritic membrane into the larynx, and perhaps into the trachea. He died on the fifth day from the attack from suffocation.

My thirty-fourth case was that of myself, November 28th. Of this patient, if its merits would justify it, I could speak more feelingly than of any of the whole number treated. Suffice it to state that from diphtheria proper I was confined to my room but six days, and that I did not suffer more than the average of my patients. On the seventh day I made four calls to see patients in town. On the eighth day I was attacked suddenly with intense pain in the spine, seeming to be located between the sacrum and the last lumbar vertebra. This kept me in doors nearly three weeks. Most of this time I was not able to move or be moved without intense pain. One of my patients in the vicinity, a man fifty years of age, was similarly afflicted after recovering from diphtheria.

As to treatment, I can speak authoritatively only of my own forty-five cases. When called to see a patient, if I found that his bowels were moved daily, which was generally the case, I administered no purgative. When I thought the bowels should be evacuated, I ordered sulphate of magnesia or bitartrate of potash in small doses, until mild catharsis was established. Four grains of sulphate of quinia and sixty drops of hydrochlorate of iron were given after each meal. I prepared a large swab, made of a strip of muslin raveled on one edge, and so wrapped around the end of a stick or whalebone that it made a soft brush, but four times as large as we usually find camel's-hair brushes. Dipping this brush in the tincture of muriate of iron, it would absorb half a drachm of the fluid. Then depressing the tongue, I gently pushed the

swab back between the tonsils until it touched the back wall of the pharynx. This caused a contraction of the muscles of the fauces, so as to drive the fluid into every part of the pharynx. This simple operation I performed only morning and evening.

In those cases where there was much fetor of breath, the patient was ordered to gargle the throat frequently with whisky and carbolic acid—ten drops of the latter to an ounce of the former. I also advised them to swallow a little of the same each time they used the gargle. In two of the more serious cases I ordered an ounce of whisky with two drops of carbolic acid, three times per day. In my own case, out of respect for my medical friends who visited me, I took four or five fifteen-grain doses of chlorate of potassa.

In the voluminous literature published during the last few months, on the treatment of diphtheria, there has been such a vast number of therapeutic agents recommended that it were enough to make the skeptical doctor doubt the efficacy of any of the whole list. Iron in its various compounds, sulphate of quinia, chlorate of potash, iodide of potash, salicylic acid, benzoate of soda, inhalations of chlorine vapor, alcohol in its diversity of forms. And topically, externally applied, there is an endless variety of poultices, and tinctures, and ointments, always suggested by friends of the patients, which are of little service only as annoyances to both doctors and patients. I wish to make this one exception, however. In one of my patients, I believe her life was saved by the application of cloths wet in ice-water and applied to the throat, being renewed every fifteen minutes during twelve hours. This was in a case where the symptoms indicated that the diphtheritic deposit was extending into the trachea.

Dr. Oertel, who treated last winter seven cases in the grand ducal family of Hesse Darmstadt, says:—"I received more than a dozen letters from England, recommending the use of sulphur. According to my numerous observations, sulphur acts only as a scouring powder." Dr. Oertel depends largely on alcoholic stimulants for the treatment of diphtheria, giving

as much as five to seven ounces of cognac repeatedly, with lasting success, as he states. Yet three out of seven cases in the grand ducal family died, including the Princess Alice and her child.

I am aware that in reporting but one fatal termination out of forty-five cases of diphtheria treated, I lay myself liable to severe criticism from my professional brethren; but I can not help it, and I risk the consequences. In this report I have included no cases in which there was not a well-marked deposit of the characteristic diphtheritic membrane. I treated, during our epidemic, many other patients having sore throats and the usual symptoms of diphtheria, except the peculiar membranous deposit. These were only treated constitutionally, without the topical application to the tonsils and pharynx.

To satisfy the thirst for blood among my medical brethren, and to be honest on my part, I will state that one other of my patients which I treated until it was relieved from diphtheria, died about three weeks after I had dismissed it, in the hands of another physician from hydropericarditis and finally hemiplegia. I acknowledge that it is not probable the child would have had either of these diseases, if it had not first been afflicted with diphtheria. What would have been the result if I had treated the patient in its last sickness, I am not able to determine. It is probable, too, that we had in Dublin a mild form of the epidemic; and yet the sixteen fatal terminations ought to satisfy most doctors who desire to maintain the ancient reputation for mortality of this alarming disease.

I know not what time and experience may develop in the treatment of diphtheria. I doubt, however, whether any course of medication now known promises better results than the one (not claimed as original) herein suggested. It is possible that accumulating experience may add alcohol to the list of agents calculated to assist in neutralizing the blood poison in diphtheria.

DUBLIN, IND.

## CASES OF DISEASE CAUSED BY IMPURE WATER.

BY W. W. VINNEDGE, M. D.

During the past winter, a striking example of the power of impure water to produce and continue fevers, having typhoid characteristics, came under my observation. On the tenth day of January last, I was called to see professionally the family of Mr. Andrew Earnst, living on the farm of Mr. John W. Heath, two miles east of Lafayette, Ind. Arriving at the house, I found the entire family, consisting of the father and mother and seven children, ranging between the ages of one and eighteen years, sick of malarial fevers, except the father, who had a large dark boil on his right thigh. Three of the younger children had chronic remittent fever, while the four older had typho-malarial or enteric fever. All the members of the family wore pale, expressionless faces, and all except the mother were in poor flesh and strength. Previous to the beginning of the very cold weather, they were under the professional care of Drs. Wood and Smith, homœopaths; and during the entire winter had been dependent, to a good extent at least, on the German Lutheran congregation of this city for nursing and the administration of medicines.

The house is a wooden building, a story and a half high, having four small rooms on the first floor, and two small ones in the attic, and has a dry cellar under the entire building. It is located in a rather level country, on a little rise in the ground, and is higher than the barn, which is at least one hundred yards away from it.

The well is about fifty feet from the house, and the privy about fifty feet from the well, and about one hundred feet from the house; and there is no pig-sty, cess-pool, or other nuisance nearer the well than the privy. To the north of the house are open fields, and to the south timber land; the surface soil on which the house stands is of clay, while on the west, half a mile, the land is low and boggy.

During my first visit, I inquired of Mr. Earnst and his eldest son if the cellar was dry and clean, if the well was protected, and whether it was near the privy; but I was assured by both of them that there was nothing wrong in either of these particulars that they knew of.

As none of these questions elicited reasons for the sickness of a whole family at the same time, I asked Mr. E. to examine his well, and if it was foul to clean it out. In the meantime I prescribed for the family. Two or three days later, a well-digger pumped the water out of the well, which he estimated to be about twenty-five feet deep. At the bottom he found two and a half feet of soft mud, tin-pans, horseshoes, bones, pieces of wood, etc., and Mr. Earnst said "she stunk awful." From this time forward the health of the family, with one exception, commenced to improve; and this exception, a little later, became convalescent too.

I heard no more from the family until the fifth of February, when I was summoned to see George, the oldest son, eighteen years of age, whom I found suffering from single pneumonia; he died twelve hours after experiencing the chill which ushered in the disease. Two days later John, the third son, thirteen years of age, was also seized with single pneumonia, and after an illness of forty-eight hours he too died. It was a singular fact that the disease in both these boys began the same way, and in the same location in the body, namely, in the lower lobes of their right lungs. Their long exposure to fever had so robbed them of flesh and endurance, that they quickly succumbed to so dangerous a disease as pneumonia.

In estimating the importance of impure water as the cause of the ills in Mr. Earnst's family, it must be borne in mind that the eldest son, George, lived away from home until the beginning of his illness—about six weeks before his death. He came home, however, with uncomplicated intermittent fever, which afterward took on typhoid characteristics; and the low type of the fever was most probably explainable, I thought, on the ground that he drank freely of the impure well water.

Mr. Earnst had lived on this place about one year, and during that time, he says, one or more of his family were sick nearly all the time. Mr. Fisher, a previous tenant on this ground, left it about two years ago, I have been informed, on account of the illness of himself and family.

This well was no doubt poisoned by the filth thrown into it from time to time, and by the fact that it had not been cleaned out, so far as I could ascertain, at all. Since the well was cleaned out, the Earnst family has not suffered any more from fevers or boils.

"A well," says Wilson, in his text-book on Sanitary Science, "frequently becomes polluted because it is never out; and for my own part, I regard the periodic cleansing of wells so necessary, that I think every pump-well should be provided with a man-hole, and be cleaned out at stated times. In towns or large villages provided with a large water-supply, the closing of all wells, whether public or private, should be made compulsory; for with drains ramifying in every direction, it may be taken for granted that they are either polluted, or are at all events constantly liable to pollution."

LAFAYETTE, IND.

FOREIGN CORRESPONDENCE—OUR LONDON LETTER.

LONDON, June 15, 1879.

MY DEAR YANDELL: Your suggestions to confine my letter so far as possible to practical subjects are to the point, and shall be borne in mind in the future. One must not kick over the traces too often, but an occasional trespass may be condoned by you.

There are few things which fall to the lot of general practitioners which cause more trouble than catheter cases. To pass the instrument is not always easy, even when there is only prostatic disease and no stricture; but that is not what I have anything to say about, for probably that is an operation not likely to be performed by me again. It is certain risks attendant upon catheterism, that deserve attention. Some few years ago Professor Ferrier pointed out how catheters, not chemically clean, could set up mischief in the bladder, just after the death of the late French emperor, when the subject attracted some attention. Lately Sir Henry Thompson has written an article on "the Production of Cystitis by Contagion through the use of Instruments." He thinks disease may be propagated by the direct transference of inflammatory products from the bladder of one patient to another. He does not think, however, that there is anything peculiarly virulent about the urethral discharges to cause this; nor yet peculiar susceptibility in the urethra to become inflamed. Still the operation of sounding the bladder is sometimes followed by inflammation, more or less severe. This may be the result of mechanical disturbance of a delicate membrane, and may be largely avoided by the use of suitable instruments delicately handled. In cases of inflammation mechanically excited, there is first a shiver, three or fours after the examination; then the urine is passed frequently and with pain; then it becomes cloudy, and some general fever sets in. If the patient be healthy, this soon subsides under rest and treat-

ment. In the other cases no disturbance occurs for forty or fifty hours, only a little soreness being felt for an hour or two after the sounding. After this interval there is frequent micturition, loss of appetite, with chills or rigors. Symptoms of cystitis gradually show themselves, and continue a marked course for some days with varying persistence according to circumstances. Why the symptoms should be so long delayed has caused Sir Henry much thought, and the following case he thinks throws much light on the subject: A medical man used to pass a catheter upon himself for weeks without setting up any irritation. One day he used this catheter, which he kept for himself, upon another person, whose urine was muco-purulent and who was suffering from cystitis. It was washed after the ordinary manner. Two days elapsed before he passed it again on himself, and forty-four hours later he began to feel chilly, and the act of micturition was slightly painful. Next day he had fever, and his urine was cloudy. On the third day he was confined to bed, and his temperature rose to 102° and 103° for a few days, during which time his urine was loaded with muco-purulent jelly-like deposit. After a week's confinement to bed he gradually recovered. On careful examination of the instrument, a chink was found in which infective material could have lodged.

If inflammation can be so easily excited, how is it, he asks, that it so rarely occurs after catheterism? This is due, he thinks, to the rush of the urine outwards when the catheter is used, while the sound presents no seat for infective material to lodge. Any material adhering to the outer surface of a catheter is usually swept off, together with much of the lubricating agent at the narrow meatus. In order, however, to avoid all risk of contagion, he lays down the following rules: All metal instruments, of whatever kind, to be plunged into boiling water containing a little soda or carbolic acid. Gum elastic and other instruments to be placed in a bath of weak carbolic acid solution. Since the above case occurred he has always added some carbolic acid to the oil used to lubricate the instrument. The form he has recently been using is of

acidi carbolici med. gr. xii, ol. olivæ ℥i. This he guarantees is absolutely non-irritating. It should be used freely.

Dr. Robert Barnes opened a discussion at the Obstetrical Society, on "the Use of Forceps and its Alternatives in Lingering Labor," by some valuable remarks. He said freedom from arbitrary dogmas was the condition requisite for the life of science. A retrospect of the history of the forceps showed that more than once the use of this instrument had been defined in the most absolute and inflexible terms. The spirit of independent thought was, however, kept alive by sundry rebels against these formulated rules, so that at the present moment practice differs widely. Side by side we see men using the forceps once in every nine or ten cases; while others use them only about once in one hundred cases, or even seldomer. During their history, their use has so frequently run into abuse that an outcry, followed by a reaction, has followed. Such was the case in the time of William Hunter, Osborne and Denman, when the last insisted that the head should rest on the perineum six hours before the forceps should be used; and that "no case should be esteemed eligible for the forceps unless the ear of the child could be distinctly felt." Such were the rules laid down and widely obeyed, so that too frequently parturient women were allowed to drift into danger, injury and death, without anything being done for them.

The influence of this teaching may have been beneficial in repressing reckless and unskillful operators. The dangers of supine non-interference and of hasty, ill-considered procedures may, perhaps, balance each other; but now neither ought to obtain. The subjects of cases where acceleration of labor is indicated by convulsions, hemorrhage, or other complications on the part of the mother, or of danger to the child from prolapse of the cord, were excluded from the inquiry.

He then gave the rules as laid down by Collins, the younger Ramsbotham, and George Johnston (in 1872), representing three different epochs. Yet when strictly analyzed and compared, he said, it will be found that these rules are all but

identical. How men recognizing the same principles could differ so widely in their practice, is a curious study. It constituted, he said, the very kernel of the inquiry. Collins, in the Rotunda Hospital, used the forceps or lever but once in six hundred and seven cases; in the same hospital Johnston used the forceps in every ten or eleven cases.

Then came the question of the "high" or "low" operation. In the latter the head has passed the pelvic obstruction, and only that offered by the vulva remains to be overcome. For the "low" operation he prefers the forceps to ergot, for the following reason:—that there may be minor degrees of disproportion which are not easy of diagnosis, and where ergot may be injurious as well as uncertain. As to obstruction necessitating the "high" operation, he said that frequently the labor was lingering because, though the waters have broken, they had not escaped sufficiently, the head acting like a ball-valve. Here the introduction of one blade of the forceps formed a channel for the ponded-up waters, which often permitted of their escape. Where this was not sufficient for efficient uterine action subsequently, then the second blade could be introduced and the labor terminated readily. The dangers of passing the forceps through an unexpanded os are considerable, even in skillful hands, he holds; the uterus is often dragged bodily downward, and the lower segment of the uterus, and the thin edge of the os uteri, are considerably bruised in consequence. The tendency, too, is to retention of the placenta; and hemorrhage is much increased by such operation. The objections apply with especial force to primiparæ Nevertheless, the resort to the use of the forceps is necessary and unavoidable in many cases, even where a tentative attempt is made, in order to see if delivery can be accomplished thereby, and other and more serious measures avoided. Johnston states that when the "high" operation is necessary, there is no more fissuring of the os uteri than occurs in first labors usually.

In order to expand the os thoroughly, warm water irrigation and hydrostatic bags are very useful. (One of the ablest

country doctors I know, has a great belief in the free use of lard as a lubricant in lingering labor, especially in primiparæ; and I have considerable respect for his mental processes.)

Dr. Barnes went on to say that neglect of the forceps entails abuse of craniotomy; after waiting unduly, the life of the child has at last to be sacrificed to save that of the mother. The late Dr. Robert Lee had a very large consultation practice, and performed craniotomy in no less than one hundred and eighty-six cases, while he used the forceps only fifty-three times. He never used the long forceps, and it is impossible to evade the conclusion that many children were sacrificed by the practice. Taking a scientific point of view, Dr. Barnes said that craniotomy should never be the alternative for the forceps. The dominion of this sacrificial operation is totally distinct from that of the conservative operation of the forceps. A more thorough acquaintance with the forceps and its use he thought desirable. Even then its use must be cautiously exercised. "*Ni jamais, ni toujours.*"

He was followed by Dr. George Kidd, of Dublin, who said that very frequently when the os would not dilate and the membranes were unruptured, it was well "to introduce the finger into the os and detach the membranes around the cervix, wait a little time, and when a uterine pain came on make a little gentle pressure with the pulpy part of the finger against the margin of the os; that os would dilate, and the membranes would soon come down and form a wedge-like protrusion through the os, and dilate it sufficiently, and the patient would deliver herself in a short time without instruments." When the membranes had ruptured and the os was undilated, "if the obstetrician passed his finger into the os, and swept it gradually and cautiously round, it would yield very quickly if the patient had been properly treated; if, however, she had been over-stimulated and over-heated, and encouraged to make voluntary exertions, and the head was forced violently down upon it, the patient might become feverish and the parts become inflamed. Still he did not believe this to be a condition in which it was wise to introduce

the forceps." A dose of chloral, the warm douche or chloroform, and a few hours' rest, and then the parts became soft and yielding, "and then if necessary the forceps might be employed with safety and advantage."

Dr. Thorburn, of Manchester, said there were two rules for the use of the forceps. The first of these rules was never to use the forceps solely, or at all, to save the practitioner's time; and the other rule was, when the parts were fairly dilated, never to allow an unfortunate woman to undergo a long period of tedious suffering, which could at once be mitigated by a safe operation. He wished Dr. Barnes had spoken a little more firmly and strongly against the practice of using ergot as an alternative when the os uteri was not dilated.

Dr. Stephenson, of Aberdeen, pointed out that the cervix might become very thin and attenuated, then the forceps must be used to prevent rupture of the uterus.

Dr. Malins, of Birmingham, pointed out the conditions under which version was preferable to the use of forceps.

We are all on the outlook for the promised hot weather, which all weather prophets are predicting. Your American weather prophet has gained a great reputation for the accuracy of his predictions as to storms and bad weather; indeed, he is becoming generally known throughout this country, but not always perhaps in a manner that he will appreciate. An old country farmer was heard expressing his opinion the other day, perhaps it may be said more correctly his sentiments, for his notions are evidently a good deal mixed up. He said, "Well, I did not mind the weather being a bit contrary when providence sent it; but since the Americans have taken it in hand it has been beastly, and I'll be hanged if I'll stand it much longer." The association of ideas betwixt the late long-continued villainous weather and this American prophet's predictions is evidently too much for the reasoning powers of the rustic mind, and retaliation by a Conservative government, sent up chiefly by the agricultural element, may fairly be expected, if at once and the same time you send us cheap food and bad weather. So beware and do better.

# Reviews.

**Chemistry**—General, Medical and Pharmaceutical, including the Chemistry of the United States Pharmacopœia: A Manual on the General Principles of the Science, and their Applications in Medicine and Pharmacy. By JOHN ATTFIELD, M. A., and Ph. D. of the University of Tübingen, Member of the Councils of the Institute of Chemistry of Great Britain and Ireland, Etc. Eighth edition, revised by the Author. Philadelphia: Henry C. Lea. 1879.

A book which has been issued in eight large editions in twelve years, four of them especially for the United States, although the author is an Englishman, is thereby set up on a high mountain of worth, such as can be obtained for it by no other method. Such is the book under notice:

"The present edition contains such alterations and additions as seemed necessary for the demonstration of the latest developments of chemical principles and the latest applications of chemistry to pharmacy. This manual is intended as a systematic exponent of the general truths of chemistry, but is written solely for the pupils, assistants and principals engaged in medicine and pharmacy. It will be found equally useful as a reading-book for gentlemen having no opportunities of attending lectures or performing experiments, or, on the other hand, as a text-book for college pupils; while its comprehensive index, containing six thousand references, will fit the work for after-consultation in the course of business or professional practice. From other chemical text-books it differs in three particulars—First, in the exclusion of matter relating to compounds, which at present are only of interest to the scientific chemist; secondly, in containing more or less of the chemistry of every substance recognized officially, or in general practice, as a remedial agent; thirdly, in the paragraphs being so cast that the volume may be used as a guide in studying the science experimentally."

This quotation from the author's preface, dated at Bloomsbury Square, London, the first of this year, gives with precision the scope and point of the work and its difference from other leading chemical text-books; and they are such as to invest it with especial interest for medical men, and make this eighth edition of the manual, as the other editions have been, the best work on chemistry for doctors in the language.

J. F. H.

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**On Diseases of the Abdomen**—Comprising those of the Stomach and other parts of the Alimentary Canal, Esophagus, Cæcum, Intestines and Peritoneum. By S. O. HABERSHON, M. D., F. R. C. P., London. With Illustrations. Second American, from the third, enlarged and revised English edition. Philadelphia: Henry C. Lea. 1879.

The original edition of Habershon's observations on diseases of the alimentary canal was issued in London in 1857, and given to the American profession in 1859 by Blanchard and Lea, as a part of the Medical News and Library, circulated then as now in connection with the American Journal of the Medical Sciences. The first edition was esteemed the best publication of the kind in the language, and was a boon to the young practitioner. The present edition, while retaining all the essential features of the first, has been enriched by the fruits of twenty years of experience and observation of its author. And yet the new book is not as important to American practitioners now as was the first to the profession of that day; for in these twenty years a number of valuable works by home authors, on one or another class of these diseases, have appeared, until the whole ground has been fairly covered by monographs, or as parts of general treatises, in a manner as instructive and valuable as that presented by Habershon. Indeed, the therapeutics of American authors in disorders of the alimentary canal seems preferable to that of the English. Still Habershon's is an excellent book, and may be commended to every student and practitioner. J. F. H.

**Lectures on Electricity in its Relations to Medicine and Surgery.** By A. D. ROCKWELL, A. M , M. D., Electro-Therapeutist to the New York State Woman's Hospital, Etc. New York: William Wood and Co. 1879.

Electricity is so marked a feature in the physical world, does so many beautiful and serviceable things in the cunning hands of science, and in the character of lightning so frequently rends inanimate structures and destroys life, that we instinctively acknowledge its power over human organizations, and are easily led to believe that it may have great therapeutic virtues. We are taught that some of its attributes bear strong resemblance to nerve force, and yet the fullest knowledge of electricity and the closest investigation of physiology gives no insight to the therapeutic value or application of galvanism or faradism. These must be wrought out by clinical observation. Many books (and large ones) are extant detailing the experimental knowledge of this class, but nevertheless accurate information in this direction—such as the general practitioner feels that he can rely on for both safety and good results—has not yet been attained.

This little book of Dr. Rockwell's deals somewhat in elementary affairs, points out some of the difficulties of electrical therapeutics and how to avoid them, admits many uncertainties, but is mainly devoted to unfolding the plan and asserting the excellence of some special methods of his own in the medical and surgical therapeutics of electricity. J. F. H.

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**Diseases of the Intestines and Peritoneum.** By JOHN SYER BRISTOWE, M. D., J. R. WARDELL, M. D., J. W. BEGBIE, M. D., S. O. HABERSHON, M. D., T. B. CURLING, F. R. S., and W. H. RANSOM, M. D. New York: William Wood and Company. 1879.

This volume is one of the series of Wood's Library of Standard Medical Authors, and is composed of nineteen monographs by the six authors named. One is struck with the paucity of literature in the title-page. If it were not for the "F. R. S."

attached to Curling's name, the unsophisticated reader might infer that the whole roster of authors were simple M. D.'s, who lived in the country, were unconnected with any medical society or educational institution, and obligingly wrote for W. W. & Co. to enable them to get out a good book on a series of important diseases. If the reader seeks further light in the preface or introduction, he finds them absent; nor is there even a publisher's note to enlighten as to who the authors are, where they live, what their experience and erudition, or their professional standing. This scarcity of information might lead one to conclude that the contents of the book have been appropriated without leave from somewhere, and the publishers did not care to tell how they became possessed of these fruits of other people's brain labor.

Looking through the book, one finds it well written by experienced men, drawing their information largely from practice in London hospitals and the writings of British authors. The contents are a little musty, most of the cases reported and illustrative facts cited, are from thirty to twenty years old, though in some instances the references come down to a later day. If any one wishes to post up on the subjects contained in the volume, through the early writings of good men, this book will suit him. J. F. H.

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**Demonstrations of Anatomy**—Being a Guide to the Knowledge of the Human Body by Dissection. By GEORGE VINER ELLIS, Emeritus Professor of Anatomy in University College, London. From the Eighth and Revised English Edition. Illustrated by two hundred and forty-nine Engravings on Wood. Philadelphia: Henry C. Lea. 1879. 716 pages.

This is an old friend in a new dress, after having had the component parts of its body freshly examined, trimmed here, extended there, readjusted and reconstructed after the accumulated knowledge obtained by a competent brain through a skilled hand, patient industry, and persevering observation. Works on anatomy of modern times, and in the English

language, number more than threescore—a large family. The family is divided into three principal branches—general descriptive, plates and diagrams, and dissections. Professor Ellis's work is a valued member of the third branch of the family, and so far as good ordinary illustrations can accomplish that end partakes also of the nature of the second branch. As a dissector's guide the earlier editions held a deserved reputation; the eighth is an improvement on all previous editions. Students may rely on its instructions and delineations, and practitioners will find it valuable for reference in regional and surgical anatomy, as well as satisfactory for general instruction in its method of teaching. J. F. H.

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**A Guide to the Practical Examination of Urine.** For the Use of Physicians and Students. By JAMES TYSON, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc. Second edition, revised and improved, with illustrations. Philadelphia: Lindsay and Blakiston. 1878. 12 mo., 172 pp.

Since this book has been upon our table, we have had frequent occasion to refer to its pages; and although it is a small book, we have never turned to it in vain. It is certainly more complete upon the subject of which it treats than any other book of like size in the English language. The illustrations are good, and the publishers have issued the book bound in a neat, flexible cloth cover.

# Clinic of the Month.

ANTIPYRETIC REMEDIES.—In the Boston Medical and Surgical Journal, June 26th, is the synopsis of a paper on Animal Heat and Fever, by Dr. E P. Hurd, from which we make this extract:

Can anything be done to lessen heat production? Quinia in large doses is, I believe, the only safe antipyretic which even temporarily lessens organic combustions. Salicylic acid is of limited and doubtful utility. Clinical experience has determined that quinia is a veritable antipyretic, and therefore, in a sense, specific in all fevers.

A few years ago we should have shuddered at the suggestion of giving to a child three years of age, laboring under a fever heat of 105° F., five grains of quinia every hour, with the view of bringing down the fever; now we find by experience that such doses produce no immediate bad effects, and that we can obtain a fall of several degrees by a few doses. Much larger doses may be given to adults, generally with gratifying results. Any cinchonism that ensues is of transient duration. The quinia in dose of a couple of grammes is often conjoined with the cold bath, with more marked antipyretic effect.

It is not claimed that the antipyretic cuts short the febrile processes; the most that the advocates of this treatment claim is that by virtue of its anti-fermentative action on the blood or its tonic effect on the tissues, or by virtue of being a *germicide*, quinia restrains excessive waste, promotes assimilation, checks the riotous production of bioplasm, and thus rescues the tissues, and especially the heart, from the destructive effects of high heat. If it acts as an antiseptic or germicide, it is certainly not very successful in its work, as it does not

cut short the fever. To do good its use must be persevered in, and it must be given boldly. Whenever the temperature reaches 104° F. the quinia treatment must be commenced, and it must be given in repeated large doses at short intervals till the temperature falls to nearly the normal figure. (Ten grains an hour to an adult will bring down the fever heat after a few doses to nearly the normal.)

The next antipyretic to be mentioned, and probably the first in importance, is cold, applied in the form of cold baths, sponge baths, wrappings of ice cold water, or ice-bags.

Twenty years ago it would have been considered madness to take a child, in the first stage of scarlet fever, manifesting delirium or stupor from febrile calorification and the force of the virus, immerse it in cold water, and keep it there for several minutes, pouring (it may be) cold water on the head of the child till rigor supervened, the thermometer indicating the point at which the child should be removed from the bath. Now this is done with seeming impunity, and is countenanced by good clinicians as legitimate practice. Some of us country physicians think that in desperate cases we have saved life by these means. In ordinary practice cold baths are inconvenient, and our patients are shy of this mode of treatment; cold sponging is much resorted to as a substitute. The patient is stripped of his clothing and laid on a rubber cloth; he is rapidly sponged from head to foot with ice-cold vinegar and water till the temperature falls from 104° or 105° to nearly 100° F.; then he is wrapped in a dry flannel blanket, and returned to his bed. The cold sponging is repeated whenever the thermometer indicates 104° F.

As to the results of the antipyretic treatment, after an experience of nine or ten years, we can not speak very confidently. The immediate effects are generally very salutary, but the fever runs on; repeated baths somewhat exhaust the patient, and our large doses of quinia may do lasting harm.*

* "If administered in heroic doses it frequently overdoes the work required of it; it produces a cinchonism which adds to the burdens of the already struggling system, whilst it increases the derangement of the nervous centers and

Certainly hospital statistics do not speak very encouragingly for the antipyretic treatment of fevers.* But clinical statistics are notoriously unreliable. It is to such statistics that homœopaths appeal, and we know with how little reason. The antipyretic system seems to be theoretically sound, and we have probably yet to learn how it may be most safely and efficiently managed. We must feel our way along, proving all things and holding fast that which is good; we must persevere, hopeful; follow the best lights; where certainty is impossible be content to remain in doubt; indulge no vain dreams; obey the dictates of common sense.

"I say, Fear not! Life still
Leaves human effort scope;
But since life teems with ill,
Nurse no extravagant hope.
Because thou must not dream, thou needst not then despair!"

NEUROTIC DISTURBANCES RELIEVED BY GLASSES.—The above is the title of an interesting article by H. N. Read, M. D., in the May number of the "Proceedings of the Medical Society of the County of Kings," an abstract of which we present:

"Specialists are well aware of the severe and obstinate neuralgia, and disturbed nervous functions generally, caused by errors of refraction and perversion of vision, though the general practitioner has often to grope to a knowledge of these cases through much trouble, assistance being found only, as a rule, in the special treatises on ophthalmology—works usually little consulsted by the profession at large. Asthenopia, ac-

intensifies the disturbance of the digestive function." (Dr. Edward Warren in Medical Record, Vol. XI, page 46.) See also Peters in the Medical Record, Vol. XV, page 511. "Professor Lindwurm cautions against its use in large doses in *weak heart*." "Professor Binz shows that large doses may produce death by paralyzing the heart." Niemeyer abandoned large doses. Woods and Bartholow speak of its irritant action on the alimentary canal.

* See Medical Record, November 9, 1878, page 366, for statistics which show that in Bellevue Hospital the antipyretic treatment has not been proven to be of certain therapeutic value. According to the Medical Record, Vol. XV, p. 510, the mortality of several of the continental hospitals has greatly increased under this treatment.

cording to Brudenell Carter, is a fruitful source of these functional nervous disorders, and if not recognized the disturbances continue to grow worse and worse, to the despair of both physician and patient, all remedies proving useless." . . . "Until quite recent times the ordinary fate of a hypermetropic child was to be the continual victim of unmerited punishments in the school-room, and to be compelled, in after life, to follow some occupation requiring distant vision only." . . . "We now, by the use of spectacles, place the hypermetrope upon a footing of equality with the rest of mankind, and enable him, in the phrase once addressed to me by a grateful patient, 'to pursue ordinary avocations, and to forget that he has eyes.' A case occurring in my practice, fully exemplifying the foregoing remarks, and entirely and permanently relieved by glasses, forms the basis of this paper, which is entirely clinical in its scope."

The case was that of a young lady eighteen years old, remarkably well developed, and capable of great physical exertion, who, while visiting a sister in Brooklyn, was seized with a violent convulsion about nine o'clock in the evening. Dr. Read was called in, and found her in strong convulsions, frothing at the mouth and teeth clenched, throwing herself about on the bed, striking the back of the head repeatedly, and at intervals uttering a sharp cry, accompanied with the words, "Oh, my head!" She was quieted with chloroform. Next morning she was restless and almost unconscious, and complaining of the dreadful pains in her head. She remained in this state two days and nights, and on the third morning was conscious, but quite weak, with great intolerance of light and dull pain in the head. She was as a young child, very healthy and bright; but when ten years old, after she had been at school nearly a year, began to have violent attacks of headache. When fourteen years old she had her first "fit," being taken after prepairing for a school examination. The catamenia became established this year, being ushered in by a severe convulsive seizure. She did not improve, however, after this, but nearly every month she had from one to

three "fits." From this time until she came to Dr. Read, there was no change unless for the worse, in spite of the treatment of many good physicians. The only thing complained of at this time was the neuralgic headaches, and the occasional convulsion. She had given up society entirely, and her family thought her "nervous and hysterical." A uterine examination gave only a negative result.

She was treated for a month by Dr. Read without his being able to make out a diagnosis. When, on inspecting her eyes one day,—as she complained of intolerance of light after an attack—abnormal convexity of the cornea was noticed, and on inquiry she said she was near-sighted. Dr. Read says that, "thinking this trouble might have something to do with her general condition, and desiring also to have an ophthalmoscopic examination with reference to the cerebral circulation, I sent her with a note to Dr. Prout, explaining her condition, and asking him to examine her eyes. I was, however, far from suspecting that the hypermetropia was the sole cause of all her disorders. Dr. P. examined her, made the diagnosis of hypermetropia with hypermetropic astigmatism, and recommended the glasses suitable for her condition, which were procured."

Shortly after this she left for home, and a report came from her a month subsequenly that she had experienced entire and permanent relief from her neuralgic headaches and convulsions; and six months later a communication from her mother stated that from the time of wearing the glasses her daughter "had been like a new creature," having had not the slightest return of any of her old troubles. In Carter's work on ophthalmology, the case of a young student at Oxford is related, who was supposed to have some obscure brain trouble, but after an examination revealed hypermetropic astigmatism, and suitable glasses were applied, a prompt and permanent cure followed.

A second case is given in which an unmarried lady twenty-seven years old, placed herself under Dr. Read's treatment for neuralgia and obscure pains in eyes, back of head and neck,

having good health in every other respect. These pains began six or seven years previously. She had tried many physicians and many remedies, and had finally resorted to chloral and morphia for relief. On inquiry, I found she was near-sighted, and recommended her to see an oculist. She went to an optician, and happened to get glasses which suited her, since which time "her eyes and head *felt at rest.*" She has continued wearing the spectacles for two years, and has had perfect relief from her former ailments.

ACONITE IN PNEUMONIA.—In the London Practitioner, June, 1879, Dr. William Dobie gives his experience of the treatment of pneumonia in the first stage, with tincture of aconite. The first case treated we give in his own words:

"A. B., aged forty-two, of very good constitution, but dissipated habits, got out of bed one night, and stood for some time with his bare feet on cold flag-stones. A few hours after this he began to shiver, and feel pain in the right infra-mammary region, accompanied by cough and rusty sputa. I saw him the following morning. His breathing was hurried, pulse quickened, and temperature a little over 101° Fahr., and minute moist crepitation was audible over the low part of the right lung. Tincture of aconite (B. P.) was given in two minim doses every half hour for the first two hours, and after that, in minim doses every four hours. The next day his breathing was easier, pulse slower, and temparature 100°. He had slept well all night; indeed, so much so that he said, 'I presume you gave me an opiate.' Aconite reduced to one minim night and morning. On the third day the heat fell to 99°, and from that time he got steadily better; was down stairs in a few days, and at business within a week."

Three other cases are given which were treated in a similar manner. The symptoms in the second case were quick pulse, hurried respiration, temperature 103°, troublesome cough, with rusty sputa, and the physical signs of pneumonia quite distinct. Patient well in three days. In the other two cases a like speedy convalescence resulted.

"The anodyne effects of aconite are very generally known; but I very much doubt if its hypnotic action, which was very noticeable in two of the above cases, has been sufficiently recognized. All the cases, it will be observed, were seen within twenty-four hours, at the outside, from the beginning of the disease; and it is chiefly then that aconite proves of such signal service. Not that it is altogether useless after the first day. On the contrary, I believe that whenever the pulse and temperature run very high and there is no marked prostration, aconite in carefully regulated doses will often be found useful in moderating vascular excitement, relieving pain, and inducing sleep."

THE INFLUENCE OF MARRIAGE UPON THE RATE OF MORTALITY.—A well known French savant, Dr. Bertillon, has published a long and careful essay upon what he terms "nuptiality, or the conjunctive attraction of human couples," and the result at which he arrives, after a study of the mortality bills of every country in Europe, is that marriage is without exception conducive to length of life, and that Molière was indeed right when he said, "Il vaut encore mieux être marié que mort." Some of the statistics quoted by Dr. Bertillon are so striking that they will be read with interest.

Dr. Bertillon has taken several European countries as examples in support of his theory, and in his first chapter he deals with Holland, where, owing to the existence of a law of divorce, he is able to form what may be called three classes of marriageable people, namely, bachelors and spinsters, married men and women, and divorced persons. Upon the side of the males he finds that for young men between the ages of twenty-two and twenty-four the annual number of marriages is at the rate of 46 per 1000; and that for widowers of that age the rate is 213 per 1000; while between the ages of twenty-five and thirty five bachelors marry at the rate of 100, and widowers at the rate of 356 per 1000. The number of divorced men who marry again is, between the ages of thirty and thirty-five, 50 per cent. in excess of the rate of bachelors,

and the proportion goes on increasing up to the age of forty-five, when it is six times greater than that of bachelor marriages. With regard to females, the statistics quoted by Dr. Bertillon show that in Holland, while the annual number of marriages of spinsters aged from eighteen to twenty-one is 22 per 1000, widows of the same ages remarry at the rate of 44 per 1000. Between the ages of twenty-five and twenty-nine spinsters marry at the rate of 115 per 1000, and widows at the rate of 157 per 1000. On the other hand, there are proportionately fewer marriages of divorced women than of spinsters up to the age of thirty, but after that age the proportion increases, and at forty exceeds that of either spinsters or widows. The figures differ more or less with regard to France, England, Belgium, and Germany; but in all cases they show that the marriage of widowers and widows, and of divorced people in the countries where the law of divorce exists, is proportionately much more frequent than that of bachelors and spinsters.

The most interesting part of Dr. Bertillon's essay, however, is that which is devoted to proving by figures that marriage is conducive to longevity, and is, so to speak, an insurance against disease, crime and suicide. He arrives at the conclusion that "a bachelor of twenty-five is not a better life than a married man of forty-five; that among widowers of from twenty-five to thirty the rate of mortality is as great as among married men of from fifty-five to sixty." In other words, that celibacy ages a young man at least twenty years, and widowhood still more. Taking the French bills of mortality, he shows that while the annual rate of death among married men between twenty and twenty-five years of age is rather under 10 per 1000, bachelors of that age die at the rate of 16 and widows of 19 per 1000. These are the figures for the whole of France, while taking Paris more particularly it appears that the rate for men of those ages is 15.7 per 1000 for married men, 27 per 1000 for bachelors, and 32 per 1000 for widowers. Between the ages of thirty and thirty-five the rate of mortality is 69 per cent. greater among bachelors, and 281 per cent. among widowers, than it is among married men, and the dif-

ference goes on increasing the further one advances in life. With regard to women the contrary is the case, for in France the mortality of spinsters between the ages of forty and forty-five is 30 per cent. higher than that of married women, while between the ages of twenty and twenty-five the proportions are almost reversed. This is, no doubt, to be explained by the number of young married women who die in childbed.

A state of widowhood is, according to Dr. Bertillon, even more prejudicial to men than to women, the probability of death being twice or even three times as great as among married men of the same age, while up to twenty-five it is four times as great. So, again, with regard to crime; Dr. Bertillon asserts that for males offenses against the person are 50 per cent. fewer, and offenses against property 45 per cent. fewer, among the married than among the unmarried. The difference is still more remarkable among women, amounting to 250 per cent., and this is attributed to the restraining influence of the husband. Equally striking are the figures which show that crime and suicide, less frequent among married than unmarried persons, are still less frequent among married people with than without families, and the natural inference to be drawn is that the duty of providing for their children makes even the thoughtless better members of society than they otherwise would be. The number of suicides is at the rate of 628 per million for widowers, 273 per million for bachelors, and 246 per million for married men; while the same proportion holds good of widows, spinsters, and married women, though at a somewhat reduced rate for each of the three categories; because, as a commentator of Dr. Bertillon's statistics unkindly remarks, "women have less feeling than men." Dr. Bertillon finds that married people suffer less from disease of every kind than unmarried ones, and he states that pulmonary consumption carries off twice as many widowers as married men of the same age at all periods of life.

It is unnecessary to quote at greater length from these statistics, all which tend to the same conclusion—namely, that marriage is conducive to health, long life and morality. (The Lancet.)

# Notes and Queries.

At Atlanta.—The thirtieth annual meeting of the American Medical Association, held at Atlanta on the sixth, seventh, eighth and ninth of May, will not soon be forgotten by those who attended it. The hospitalities of the Atlantians, the beauty of the city with its twice the number of Rome's famous hills—these "Atlantean shoulders" hardly "fit to bear

"The weight of mightiest monarchies,"

but bearing handsome residences, many surrounded by a wealth of shrubbery and a profusion of flowers, and public buildings—the pleasant weather and the season conspired to make a permanent record upon one's memory.

Would that we had the time to refer in detail to the generous and uniform kindness of the citizens, both medical and lay, to the many brilliant receptions made especially attractive, not so much by abundant floral decorations as by the presence of accomplished ladies, both maidens and matrons, and to describe the city itself, and the country about it with its attractive scenery and its numerous objects of natural or of historic interest. It is a marvel that a city of such population, of such wealth and business importance, could have sprung into existence since the war.

But to the Association: Rev. Dr. Gwin, of the Baptist church, opened the first session with prayer. Then followed the graceful and hearty address of welcome by Dr. Joseph P. Logan, Chairman of the Committee of Arrangements. After some routine business, the address of the President was delivered.

The subsequent general meetings of the Association were chiefly occupied with the addresses of the Chairmen of the

different Sections, Drs. Rochester, Gunn, Lewis and Knapp, with the discussion of a proposed amendment to the Constitution, practically forbidding the professors in the Medical Department of Michigan University from teaching homœopaths, and with the reading of an elaborate paper by Dr. Chaillé upon State Medical Societies and State Medicine. All the addresses were excellent, as indeed the names of their distinguished authors would guarantee. A few remarks from Dr. Davis, fewer still from Dr. Pratt, and a long, carefully-prepared speech by Dr. Dunster constituted the discussion of the Ann Arbor affair, when, on motion of Dr. Pratt, the subject was postponed for one year.

Dr. Chaillé's paper, originally read before the Section on State Medicine and Public Hygine, and referred by it to the Association, was one of the most important papers ever presented this body. If the recommendations contained in that paper can in the main be carried out, the Association will attain importance and power, power for good, vastly greater than it has ever had. So important do we regard the views so ably and earnestly presented by Dr. C., that we copy from the New York Medical Record the following abstract relating thereto.

The following resolutions, based upon Dr. Chaillé's paper, were offered and adopted:

*Resolved*, That a committee on the more efficient organization of this Association and of its branches, consisting of *five* members, be appointed by the President.

*Resolved*, That this committee be instructed to devise and recommend ways and means to secure greater uniformity as well as greater strength of organization of the State Medical Societies, and all their auxiliary branches.

With these ways and means the following be considered:

1. The compilation of a model code of detailed regulations for the government of State and County Medical Societies.

2. The requirement from any State Medical Society of an annual report, to contain certain data (to be specified) necessary to show the condition and progress of each of these State Societies and of their auxiliary branches; to also contain a brief summary of the peculiarities of this organization, and of the measures being used by it to pro-

mote medical organization; and still further, to contain a brief summary of the laws of the State in reference to State Medicine, and of the efforts being made to promote the practice of State Medicine. Such reports should be published in the Transactions of each State Medical Society.

3. The publication, in annual transactions of this Association, of a consolidated report of the above reports from each State, together with special notice of the meritorious work done by any of the branches of this Association.

4. The substitution of a periodical medical journal for the present volume of Transactions.

5. The non-recognition by this Association of State Medical Societies which make no provisions encouraging the organization of auxiliary societies in counties, etc.

6. The advisability of electing no person, either as permanent member or member by invitation, unless such person be a member of a State Medical Society, provided that there be such a society, and recognized by this Association, in his State.

7. The advisability of refusing to admit to this Association delegates of the societies auxiliary to the State Societies, unless the certificates of delegation be indorsed by the authorized officer of the State Society.

8. The advisability of refusing to admit any delegates except those selected from and elected only by voting members who have paid all fees due to their respective County and State Societies, and of establishing the principle that only those members of branch societies who are entitled to vote, and have paid all fees due, shall be entitled to delegates.

9. The advisability of urging every medical college to have not less than one lecture delivered to every graduating class on the importance to the profession and to the people of medical organization.

We hope the profession will give earnest consideration to these important resolutions.

The Association directed the Committee on Publication to give the printing of the Transactions into the hands of the establishment making the most favorable offer, in one of the six largest cities of the United States. We hope the next step will be to have no volume of Transactions published, and the American Association do as the British Association does, publish a weekly medical journal in which all its proceedings, both in the general meeting and in that of each section, shall be issued.

Dr. Sayre was elected President, and he deserves this reward for his long and faithful service in the Association—this honor for the honor he has brought the American profession.

The attendance upon the Association was good, but not as large as anticipated. It was very gratifying to the President that the delegation from Indiana was larger than that from any other state, except Georgia, and to these Indiana friends he desires to give his hearty thanks.

**Officers and Committees of the American Medical Association, 1880.**

*President*—Lewis A. Sayre, M. D., of New York.

*Vice Presidents: First*—R. Beverly Cole, M. D., of California. *Second*—E. M. Hunt, M. D., of New Jersey. *Third*—H. O. Marcy, M. D., of Massachusetts. *Fourth*—F. Peyer Porcher, M. D., of South Carolina.

*Treasurer*—Richard J. Dunglison, M. D., of Pennsylvania.

*Librarian*—William Lee, M. D., of District of Columbia.

*Committee on Library*—Johnson Eliot, M. D., District of Columbia.

*Next Place of Meeting*—New York City.

*Time of Meeting*—The first Tuesday in June, 1880.

*Assistant Secretary*—Walter R. Gillette, M. D., of New York.

*Committee of Arrangements*—Dr. S. O. Vander Poel, of New York, Chairman; Drs. Stephen Smith, Wm. M. Polk, Robert F. Weir, Charles Inslee Pardee, A. A. Smith, and Thomas T. Sabine, of New York; Dr. Joseph C. Hutchison, of Brooklyn; Dr. M. H. Burton, of Troy, N. Y.; and Dr. E. H. Parker, of Poughkeepsie.

*Committee on Prize Essays*—Drs. Austin Flint, Sen., A. C. Post, J. W. S. Gouley, and M. A. Pallen, of New York City; and J. C. Hutchison, of Brooklyn, N. Y.

*Committee on Publication*—Drs. Wm. B. Atkinson, T. M. Drysdale, A. Fricke, S. D. Gross, Casper Wistar, R. J. Dunglison, of Pennsylvania; and Dr. William Lee, of District of Columbia.

*Practice of Medicine, Materia Medica, and Physiology*—Dr. J. S. Lynch, of Maryland, Chairman; and Dr. W. C. Glasgow, of Missouri, Secretary.

*Obstetrics and Diseases of Women and Children*—Dr. Albert H. Smith, of Pennsylvania, Chairman; and Dr. Robert Battey, of Georgia, Secretary.

*Surgery and Anatomy*—Dr. W. T. Briggs, of Tennessee, Chairman; and Dr. J. Powell Adams, of Minnesota, Secretary.

*Medical Jurisprudence, Chemistry, and Psychology*—Dr. James F. Hibberd, of Indiana, Chairman; and Dr. Thomas F. Wood, of North Carolina, Secretary.

THE INDIANA STATE MEDICAL SOCIETY.—This society held its annual meeting at Indianapolis, May 21, 1879. There was a much larger attendance than usual, and the papers presented had been better digested by their several authors than heretofore. The most valuable paper read before the society was that of Dr. Enoch W. King, of Galena, Ind., on "Statistics of Placenta Previa," which statistics have been collected from the doctors of Indiana. Dr. K. tabulates and classifies this collection of cases, and then deducts conclusions as to treatment. Practical papers were those of Dr. G. W. H. Kemper on Affections of the Gall-Bladder tending to result in cutaneous biliary fistula, by Dr. Joseph Eastman on Excision of the Knee-Joint, and others by Drs. G. L. Andrew, J. A. Sutcliffe, J. L. Thompson, E. S. Elder, and W. W. Vinnedge—the last reporting a case of death from chloroform. The president's address by Dr. Ben. Newland, on the Relations of Legislation to Sanitary Protection, was replete with practical thoughts on a subject much neglected by our law-makers. The society ordered that the address be printed not only with the Transactions, but also in the budget presented by the Health Commission, which report will be printed separate from the proceedings of the society. Dr. J. R. Weist, of Richmond, Ind., was elected president for the ensuing year.

FOREIGN BODIES IN THE AIR-PASSAGES.—Dr. J. R. Weist, of Richmond, Ind., is making a collection of cases of foreign bodies in the air-passages, to be presented in a statistical paper on the subject to the American Medical Association. The doctor has sent out five thousand circulars and blank tables to as many physicians in various parts of the country. If any of our readers have had such cases, and have not received Dr. Weist's circular, they will confer a favor on him by sending to his address the particulars of their cases, giving the name, residence, age, sex, kind of foreign body, how long retained, how expelled, kind of operation (if any), time of same and result, whose patient, name of operator, and any other facts of interest.

MEDICAL LEGISLATION.—The Indiana medical protection law, enacted in April, 1879, provides that all legally chartered medical colleges in the state shall have appointed from the State Medical Association of the same school of practice to which such college belongs, a board of examiners, who shall examine all candidates for graduation, and shall recommend or not the bestowal of diplomas. This law does not affect graduates who have been five years in practice before the passage of the act, or those not graduates who have been ten years in practice. Every other candidate for practice in the state shall present his diploma to the clerk of the court before he can obtain license to practice. The penalty for violation of the law is imprisonment in jail for not less than six months, and fined not less than $25. The act is in force from its passage: this is a good law. (Virginia Medical Monthly, April.)

This law, which our *confrère* of the Virginia Medical Monthly pronounces a good one, was vetoed, and failed to pass over the veto. The failure of needed medical legislation in Indiana furnishes a sad evidence of divided professional counsels. Not a bill was proposed, and there were several, but some doctors opposed, either directly or indirectly. It is to be hoped that when the next legislature meets, there will be such harmony of opinion and concert of action on the part of Indiana doctors, there will be no repetition of this failure.

LE MÉDECIN MALGRÉ LUI.—Those who were at the Gaiety Theater on the 6th instant enjoyed a hearty laugh at the imperishable three-act farce of Molière, in which he exercises his powers of satire (as he not infrequently did) upon the professors of the healing art. As this little play is performed by the Comédie Française, it appears to us to be the very perfection of harmless fun, and we regret that only one representation of it will be given during the visit of the French actors to London. Got as Sganarelle, the mock doctor, entered into and seemed to enjoy his part; and it is, indeed, a matter of doubt whether the appearance which he presented, in a black gown and ruff and a high steeple hat, or the pathology which

is put into his mouth, were either of them very great exaggerations of things as they really were in the time of Molière. The patient that Sganarelle is called upon to cure is a fanciful young lady who has become dumb, and the following is the explanation of her condition which he offers to the awe-stricken and wondering relatives:—"These vapors of which I speak, passing from the *left side* where is the liver to the *right side* where is the heart, it happens that the lungs (which we call in Latin *armyan*), having communication with the brain (which we call in Greek *nasmus*) by means of the vena cava (which we call in Hebrew *cubile*), encounter the said vapors which fill the ventricles of the omoplates, and because the said vapors . . have a certain malignity which is caused . . by the acridity of the humors which are engendered in the concavity of the diaphragm, it happens that these vapors ossabundis, nequeis, nequer, polarinum quipsa melus. Now you see why it is that your daughter is dumb." Molière must often have laughed at the utterance of pathological doctrines quite as wild and as mystifying as the above. (Lancet.)

Dinner to Medical Editors.—Among the pleasantest of Atlanta memories is that of the dinner given by the editors of the Southern Medical Record at the residence of Dr. T. S. Powell, to the Association of American Medical Editors. Dr. Powell and his esteemed associates evidently had spared neither trouble nor expense to make the occasion very delightful to the guests; and if these guests did not heartily enjoy themselves, then their acts and words sadly belied them.

Errata.—In the address published as a supplement to this number, readers will please correct the following errors:—On page nine, for "Pain in a discipline," read "Pain is a discipline." On page twenty-eight, the fourth word in the first line should be "consensio" instead of "censensio." On page thirty-one, note fifty-two, in the first line of the extract from Sydenham, "left" is used for "lest." Finally, the last page is numbered "24," when it should be "34."

To Contributors.—Be patient as to the publication of your communications. Sometimes the accumulation of material compels a delay of two or three months in the publication of even very acceptable papers. Meantime the editors, expressing their thanks for these contributions, beg you not to weary in well-doing, but give us short, practical papers. Few men are capable of, or have the time for, writing long, readable and instructive articles, and very few readers care for long articles. Write briefly, plainly, what your own eyes have seen and your own ears heard; let your drafts upon the works of other men, if you make any at all, be very few and brief, and your contributions will be read and remembered and quoted, finding their way into a dozen other journals, securing you usefulness if not fame.

The Louisville Medical Herald.—Now comes a new candidate for professional support, the Herald, springing into the arena fully armed, bold, outspoken, and with that in its whole port and bearing giving promise of power and permanence. It evidently has come into the ranks of medical journalism determined to stay, and we hope its determination will be made good.

Dr. E. W. Jenks.—Dr. Jenks, of Detroit, succeeds Dr. Byford in the Chicago Medical College. A better appointment could not have been made. Dr. J. is learned in his profession, an excellent physician and a skillful operator.

What is Tenting?—Another word added to the language, or rather a new use for an old word! One of our obstetricians writes for a foreign medical journal a paper upon "Tenting," meaning the application of tents in gynecologic practice. That, of course, is all right; but let the reader turn from his gynecology for a dive into "Dante," and he will find there is a tenting of another sort, more in correspondence, too, with the etymology of the word, as the following passage shows:

> "It is no marvel if thy fingers fail'd
> Do leave the knot untied; so hard 'tis grown
> For want of tenting."